GOVERNMENT'S EXHIBIT Primary Insurance Info: PATIENTS NAME: Emma Bowling 05-11-98 423-424-9653 Company Name: **EXHIBIT No. 123** 1:18-CR-11 DOB: Subscriber ID: Group #: 265 DAY TIME PHONE #: Rx BIN #: Rx GRP: 610014 DAY TIME DELIVERY ADDRESS: Insured Name: Sisame Bouiling 1810 Dunan AVE Insured DOB: hettanooge, TN 3742 Relationship to Insured: ANTI-INFLAMMATORY and NEUROPATHIC TRANSDERMAL CREAMS: PAIN 1: _% Cascade Diclofenac 5%, Gabapentin 10%, Baclofen 2%, Cyclobenzaprine 3%, Lidocaine2% □ PAIN 2: Flurbiprofen 20%, Gabapentin 10%, Baclofen 2%, Cyclobenzaprine 3%, Bupivacaine 2% PRESCRIPTION VITAMIN: u VITAMIN: Biotin 6mg, Methylcobalamin 5mg (B12), 5-Methyltetrahydrofolate 5 mg (B9), Pryridoxal-5-Prosphate 50mg (B6) SCAR and SKIN CARE MANAGEMENT GELS: SCAR: Fluticasone Prop 1%, Tranilast 2%, Levocetirizine 2%, Pentoxifylline 2%, Gabapentin 6%, Lidocaine 4% Barrel? □ AGE SPOTS: Tretinion 0.05%, Hydroquinone 5%, Tea Tree Oil 5%, ANTI-AGING/WRINKLE: Tretinion 0.1%, Ascorbic Acid 1%, Tea Tree Oil 5% phh 1 (Mr. 4 27) KACNE: Salicylic Acid 3%, Tretinoin 0.05%, Fluticasone Prop USP Micronized 0.5% □ ECZEMA: Cyanocobalamin 0.7%, Mupirocin 2%, Levocetirízine 2%, Fluticasone 1%, Doxepin 5% ☐ POST LASER: Fluticasone Propienate USP Micronized 0.01%, Levocetirizine 2%, Diclofenac 6%, Lidocaine 2% XSTRETCH MARK: Tretinoin 0.05%, Hydroquinone 5%, Glycolic Acid 2.5%, Lactic Acid 2.5%, Ascorbic Acid 1%, Fluticasone Prop 1% □ WART: Imquimod 2.5%, Cimetidine 2%, D.D.G 0.2%, 5-FU 5%, Salicylic Acid 30% Cream □ SHINGLES: Orphenadrine 10%, Acyclovir 5%, Deoxy D-Glucose 0.2%, Doxepin 5%, Gabapentin 6%, Lidocaine 5% ☐ Substitute Betamethasone Val 0.1% for Fluticasone Prop 1% WOUND MANAGEMENT GEL: d Gentamicin 0.2%, Mupirocin 5%, Phenytoln 5%, Pentoxifylline 5%, Nifediplne 2%, Fluticasone Prop 1%, Itraconazole 2% **PSORIASIS TREATMENTS:** PSORIASIS CREAM: Methotrexate 1%, Fluticasone 0.5%, Vitamin D3 0.005%, Retinoic Acid 0.05%, Urea 20% □ PSORIASIS SHAMPOO: Fluticasone 0.5%, Vitamin D3 0.0025% (Sig: Wet hair thoroughly, Massage up to 2 teaspoons of medication into the scalp, Leave lather on for 5 minutes. Rinse thoroughly, Apply once daily) MIGRAINE TRANSDERMAL CREAM: _% Cascade Diclofenac 3%, Sumatriptan 5%, Gabapentin 6%, Tramadol 2%, Amitriptyline 2%, Indomethacin 5% (Sig: Apply to temple areas, behind ears and back of neck at hairline 2 Times Daily or as needed for Headache) Quantity: 30 day supply: □ 180 GM/ML 240 GM/ML Refils: 1020304050PRN SIG: Apply 1-2 gm (1-2 pumps) to affected area 3-4 times daily. No Signature Required
Auto-Refill x By signing below, I am formally requesting that the above prescription formulas in the quantity with refills

indicated be written for me by a medical professional and filed under the insurance information I have given for approval and shipment to my residence.

PATIENT SIGNATURE:

Pharmacy Information					macist's Name AMPO , VINCENT	r		Date 5/3	0/2014
Willow Pharmacy Inc. 1519 HWY 22 W				Phar	macist's License #		NCPDP#	3/3	NPI
Madisonville Center Suite 5 Madisonville, LA 70447	e de la companya de				723		1936523	-	1649520859
Autominio, Dil 10771		Phone 877-558-	7943	X	macist's Signature				State ID # 006595
Name BOWLING, EMMA		Telephone (423)	424-9653	Nam	В		Telep	phone	•
Address 1810 DUNCAN AVE				Addr	ess	,			
CHATTANOOGA		State TN	zip 37421	City			St	ate	Zip
Sirthdate Sex	Soci		oscriber I.D. No.	Birth	date	Sex	Soc	cial Security	//Subscriber I.D. No.
5/11/1998 F									
Patient's Relationship to Cardholder				Emp	loyer	•	Emp	oloyer ID	
				Grou	p No.		Plai	n No.	
Patient Authorizatio I hereby authorize release of informacient of the informacient of	ormation to heal	Ith care pro	oviders, instituti	ions, an insuran	d/or payers that may pe ce coverage is correct,	rtain to m and I have	y illness and received the	l/or trea e pharm	tment
care/services rendered.					v				v
					X Patient Signature				X Date
					Patient Signature				Date
	IPIR OCINI/P	HENV	TOIN/PENITO				Price	16	Date Compounding fee
WD1-GENTAMICIN/MU	JPIROCIN/P	PHENYT	TOIN/PENTO	OXYF		PINE,	\$14,097.4	16	Date
WD1-GENTAMICIN/MU		'HENY'I		OXYF	YLLINE/NIFEDI	PINE,	\$14,097.4 Dispensed	16	Date Compounding fee
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form	Days Supply	PHENYT		OXYF	YLLINE/NIFEDI Date Filled 5/30/2014 Strength	PINE/ Quantity 240	\$14,097.4 Dispensed	16	Date Compounding fee
WD1-GENTAMICIN/MU rescription Number Rx # 114357 Dosage Form GEL	Days Supply	PHENYT		OXYF	YLLINE/NIFEDI Date Filled 5/30/2014	PINE/ Quantity 240	\$14,097.4 Dispensed	16	Date Compounding fee
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients	Days Supply 30	PHENYT		OXYF	YLLINE/NIFEDI Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/	PINE/ Quantity 240	\$14,097.4 Dispensed GM	16	Compounding fee \$0.00
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP	Days Supply 30	HENYI		OXYF	YLLINE/NIFEDI Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/	Quantity 240	\$14,097.4 Dispensed GM	16	Date Compounding fee \$0.00
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP	Days Supply 30	PHENYT		OXYF	YLLINE/NIFEDI Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00	Quantity 240 Qu	\$14,097.4 Dispensed GM GM O GM O GM	16	Compounding fee
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP	Days Supply 30	PHENYT		OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00	Quantity 240 Qu	\$14,097.4 Dispensed GM GM O GM O GM O GM		Ingredient Coss \$12.1 \$1,674.9 \$114.7 \$104.6
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP	Days Supply 30	PHENYT		OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06	PINE/ Quantity 240 6 aty. 0.480 12.000 12.000 4.800	\$14,097.4 Dispensed GM GM O GM O GM O GM O GM O GM		Ingredient Coss \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO	Days Supply 30 E USP			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-4389-00 52372-0856-06 52372085802	PINE/ Quantity 240 6 Quy. 0.480 12.000 12.000 4.800 2.400	S14,097.4 Dispensed GM GM O G	46	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO: ITRACONAZOLE EP MIC	Days Supply 30 E USP			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29 NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00	PINE/ Quantity 240 6 aty. 0.480 12.000 12.000 4.800 2.400 4.800	S14,097.4 Dispensed GM GM O G	46	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6
WD1-GENTAMICIN/MU rescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO ITRACONAZOLE EP MIC CEPAPRO GEL	Days Supply 30 E USP NATE CRONIZED			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405	PINE/ Quantity 240 6 0.480 12.000 12.000 4.800 2.400 4.800 163.53	S14,097.4 Dispensed GM GM O GM O GM O GM O GM O GM GM GM GM GM GM GM	16	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0
WD1-GENTAMICIN/MU rescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO ITRACONAZOLE EP MIC CEPAPRO GEL	Days Supply 30 E USP NATE CRONIZED			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29 NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00	PINE/ Quantity 240 6 aty. 0.480 12.000 12.000 4.800 2.400 4.800	S14,097.4 Dispensed GM GM O GM O GM O GM O GM O GM GM GM GM GM GM GM	4	Ingredient Coss \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO ITRACONAZOLE EP MIC CEPAPRO GEL PROPYLENE GLYCOL U	Days Supply 30 E USP NATE CRONIZED			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02	PINE/ Quantity 240 6 0.480 12.000 12.000 4.800 2.400 4.800 163.53	\$14,097.4 Dispensed GM GM O GM O GM O GM O GM O GM	Total	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0
WD1-GENTAMICIN/MU rescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO ITRACONAZOLE EP MIC CEPAPRO GEL PROPYLENE GLYCOL U	Days Supply 30 E USP NATE CRONIZED			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02	PINE/ Quantity 240 6 0.480 12.000 12.000 4.800 2.400 4.800 163.53	\$14,097.4 Dispensed GM GM O G	Total	Ingredient Coss \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO: ITRACONAZOLE EP MIC CEPAPRO GEL PROPYLENE GLYCOL U Prescriber's Name CANDACE CRAVEN	Days Supply 30 E USP NATE CRONIZED USP			OXYF	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29/ NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02 Prescriber's DEA MC2443086 DAW:	PINE/ Quantity 240 6 0.480 12.000 12.000 4.800 2.400 4.800 163.53	\$14,097.4 Dispensed GM GM O GM O GM O GM O GM O GM	Total	Ingredient Coss \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9
WD1-GENTAMICIN/MU Prescription Number Rx # 114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO: ITRACONAZOLE EP MIC CEPAPRO GEL PROPYLENE GLYCOL U Prescriber's Name CANDACE CRAVEN Pharmacist Authoriz	Days Supply 30 E USP NATE CRONIZED USP)	Level of effort		Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29 NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02 Prescriber's DEA MC2443086 DAW: 0 - No DAW	Quantity 240 Qu	\$14,097.4 Dispensed GM GM O G	Total	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9
WD1-GENTAMICIN/MU Prescription Number Rx #114357 Dosage Form GEL Ingredients GENTAMICIN SULFATE MUPIROCIN USP PHENYTOIN USP PHENYTOIN USP PENTOXIFYLLINE USP NIFEDIPINE USP FLUTICASONE PROPIO ITRACONAZOLE EP MIC CEPAPRO GEL PROPYLENE GLYCOL U Prescriber's Name CANDACE CRAVEN Pharmacist Authoriz I hereby certify that the above corcommercially available in this for	Days Supply 30 E USP NATE CRONIZED USP	ication wa	Level of effort	e stated	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29 NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02 Prescriber's DEA MC2443086 DAW: 0 - No DAW prescriber specifically	PINE/ Quantity 240 6 Qty. 0.480 12.000 12.000 4.800 2.400 4.800 163.53 27.984	\$14,097.4 Dispensed GM GM O G	Total Pl 8746	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9
Prescription Number Rx #114357	Days Supply 30 E USP NATE CRONIZED USP Zation mpounded med rmulation or do: npounded and	ication wa	Level of effort	e stated	Date Filled 5/30/2014 Strength 0.2/5/5/5/2/1/29 NDC 51927-1610-00 52372071604 51927-1216-00 51927-4389-00 52372-0856-06 52372085802 51927-4325-00 52372068405 62991-1292-02 Prescriber's DEA MC2443086 DAW: 0 - No DAW prescriber specifically	PINE/ Quantity 240 6 Qty. 0.480 12.000 12.000 4.800 2.400 4.800 163.53 27.984	\$14,097.4 Dispensed GM GM O G	Total Pl 8746	Ingredient Cost \$12.1 \$1,674.9 \$114.7 \$104.6 \$144.0 \$8,400.0 \$945.6 \$2,870.0 \$0.9

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Pharmacy Information				Pharmacist's Name	-	Date	
Willow Pharmacy Inc.				CAMPO, VINCENT	Γ		/30/2014
1519 HWY 22 W Madisonville Center Sui	te 5			13723		NCPDP# 1936523	NPI 1649520859
Madisonville, LA 70447		Phone		Pharmacist's Signature		1930323	State ID #
		877-55	8-7943	X			006595
Name BOWLING, EMMA		Teleph		Name		Telephone	
Address		(42	3)424-9653	Address			
1810 DUNCAN AVE				Address			
city CHATTANOOGA		State TN	^{zip} 37421	City		State	Zip
Birthdate 5/11/1998	Sex F	Social Security	/Subscriber I.D. No.	Birthdate	Sex	Social Secu	I ırity/Subscriber I.D. No.
Patient's Relationship to Cardholder		X		Employer		Employer ID	
				Group No.		Plan No.	
received. I certify that the care/services rendered.	information I ha	ave reported	with regard to my	ions, and/or payers that may prinsurance coverage is correct,	and I have	received the phar	rmacist
				X Patient Signature	7		Date
coverage or refusal to acce			J Special	X Patient Signature			X Date
				r attent Olymature			Date
Medication Name STRETCH-TRETING)IN/HYDRO	OLINON	E/GLVCOLIC	C ACID/LACTIC ACID/		Price \$11,025.21	Compounding fee
Prescription Number	Days Supp		Level of effort	Date Filled		Dispensed	\$0.00
Rx #114358	30			5/30/2014	240		
Dosage Form				Strength			
CREAM				0.05/5/2.5/2.5/1	/1 %		
ngredients				NDC	Qty.		Ingredient Cost
HYDROQUINONE U				52372069604	12.000		\$159.60
GLYCOLIC ACID 70				51927-2705-00	8.568		\$6.85
LACTIC ACID USP (51927-3110-00	6.720		\$4.10
TRETINOIN USP (A)				52372072904	0.120		\$20.88
VITAMIN E ACETA			(1 IU/MG)	51927-1032-00	1.200		\$5.88
ASCORBIC ACID US				51927-1483-00	2.400		\$6.24
BASE, PCCA PRACA		PLUS		51927-4655-00		92 GM	\$2,421.03
FLUTICASONE PRO				52372085802	2.400		\$8,400.00
PROPYLENE GLYC		TOTTO OC	17.4.)	62991-1292-02	12.000		\$0.41
SODIUM HYDROXI	DE NF (CAU	DS TIC SC	DA)	51927-1237-00	2.400		\$0.46
Prescriber's Name				T2	-	Tota	\$11,025.45
CANDACE CRAVEN	Т			Prescriber's DEA MC2443086		Prescriber's NPI 1114258746	5
Pharmacist Author				DAW: 0 - No DAW	*	1111230740	,
		madiantia	woo ordanad land		C		
commercially available in the abort commercially available in the and contemporary technology	nis formulation o	medication or dosage for	was ordered by the rm. The compoun	e stated prescriber specifically ding was done using the highe	tor the starst possible	ted patient. This is standards, pure c	medication is not hemicals or drugs
Because this prescription in number is not required for			nufactured, an N	DC X	×		X 1/12/2015

	•				1		0	
Pharmacy Information				Pharmacist's Name			Date	
Willow Pharmacy Inc.			-	CAMPO, VINCENT	Γ		5/3	30/2014
1519 HWY 22 W	_		1	Pharmacist's License #		NCPDP #	#	NPI
Madisonville Center Sui				13723		193652	23	1649520859
Madisonville, LA 70447		Phone		Pharmacist's Signature				State ID # 006595
N. C.		877-558		X				000393
BOWLING, EMMA		Telepho (423	3)424-9653	Name		T	Felephone	
Address 1810 DUNCAN AVE				Address		*		
city CHATTANOOGA		State TN	^{Zip} 37421	City			State	Zip
Birthdate 5/11/1998	Sex F	Social Security/	Subscriber I.D. No.	Birthdate	Sex		Social Securit	ry/Subscriber I.D. No.
Patient's Relationship to Cardholder				Employer		E	Employer ID	
				Group No.			Plan No.	
I hereby authorize my Phai	macy (in either	case, "Pharm	nacy") to execute on m	X Patient Signature y behalf any assignment o	f benefits	document	ts required	X Date I to permit to my
insurer to make payment decoverage or refusal to acce					insurer be	cause of o	deductible	clauses, lack of
				Patient Signature				X Date
Medication Name STF -SALICYLIC AC	CID/TRETIN	IOIN/FLU	TICASONE 3/0.0	05/0.5 % CREAM		Price \$6,922.	.66	Compounding fee \$0.00
Prescription Number Rx # 114359	Days Supp	ly	Level of effort	5/30/2014	Quantity 240	Dispensed GM		8
Dosage Form CREAM				Strength 3/0.05/0.5 %				
Ingredients				NDC	Qty.			Ingredient Cost
TRETINOIN USP (A	LL TRANS-	RETINOI	C ACID)	52372072904	0.120	GM		\$20.88
BASE, PCCA PRACA				51927-4655-00	219.48			\$2,697.41
FLUTICASONE PRO	, ,			52372085802	1.200			\$4,200.00
SALICYLIC ACID				52372069103	7.200			\$3.96
PROPYLENE GLYC	OL USP			62991-1292-02	12.000			\$0.41
				32//1 12/2 02	12.000	, 01/1	7-4-1	
Prescriber's Name				Described P74		T	Total	\$6,922.60
	T			Prescriber's DEA MC2443086		Prescriber's	258746	
CANDACE CRAVEN	1			DAW:		1114	230/40	
Pharmacist Auth				0 - No DAW				
I hereby certify that the abo commercially available in the and contemporary technology	nis formulation	medication vor dosage for	was ordered by the sta m. The compounding	ted prescriber specifically was done using the highe	for the star st possible	ted patien standard	nt. This m	edication is not emicals or drugs
Because this prescription is number is not required for			nufactured, an NDC	X				X 1/12/2015
If you have difficulty in submanager, or the State Insur-	nitting this form	or receiving	navmant from voter in	Pharmacist Signature	contact us		11.	Date:

9/						<i>J</i>	1		- 0		
	armacy Information					Pharmacist's Name	r			ate	2014
	/illow Pharmacy Inc. 519 HWY 22 W					CAMPO, VINCENT	l	Neppp		5/30/	2014 NPI
	Iadisonville Center Suit	te 5				13723		19365			.649520859
	ladisonville, LA 70447	and the same of th	Phone			Pharmacist's Signature		1,7505	.23		tate ID #
L			877-5	58-	7943	X					006595
Na D				phone		Name			Telephone	9	
_	OWLING, EMMA		(4)	23)	424-9653			,			
	dress B10 DUNCAN AVE					Address					
Cit			State	e	Zip	City			State	Zip	
_	HATTANOOGA		T	N	37421				Julio	Lip	
	thdate /11/1998	Sex F	Social Securi	ity/Sul	bscriber I.D. No.	Birthdate	Sex		Social Se	ecurity/Su	bscriber I.D. No.
Pat	tient's Relationship to Cardholder					Employer	'		Employer	ID	
					1	Group No.			Plan No.		
ir	hereby authorize my Phar nsurer to make payment di overage or refusal to accep	rectly to Pharma	acy or its as	ssig	ns. I understand the	X	f benefits	docume	nts requ deducti	ible cla	permit to my auses, lack of
						Patient Signature				Dat	е
Ме	dication Name							Price			Compounding fee
A	A - TRETINOIN/AS	SCORBIC AC	CID/TEA	A T	REE OIL/FLU	ΓICASONE 0.1/1/5/0	.25 Cl	\$4,798	3.15		\$0.00
	scription Number	Days Supply	y		Level of effort	Date Filled	1000	y Dispensed			
	Rx #114360	30				5/30/2014	240	GM			
	sage Form REAM					Strength					
_	redients	**				0.1/1/5/0.25					
_		T TO AND	DETRIC	NT C	A CIP)	NDC	Qty.	G3 (Ingredient Cost
	RETINOIN USP (AI			лС	ACID)	52372072904	0.240				\$41.76
	ASE, PCCA PRACA LUTICASONE PRO	. ,	LLU3			51927-4655-00		60 GM			\$2,614.82
	EA TREE OIL (MEI		TTEDNI	ПБЛ	OL 147	52372085802	0.600				\$2,100.00
	SCORBIC ACID US			TL(JLIA).	51927-2416-00	12.00				\$35.16
	ROPYLENE GLYCO		WULK			51927-1483-00 62991-1292-02	2.400 12.00				\$6.24
	COL LEDINE OF LCC) L (())				04771-1474-04	12.00	O IVIL	-	-4-1	\$0.41
Pre	scriber's Name			_		Prescriber's DEA		D- 1		otal	\$4,798.39
	ANDACE CRAVEN	,				MC2443086		Prescriber	rs npi 125874	46	
						DAW:		111	. 2007-		
	harmacist Autho	1.0000000000000000000000000000000000000				0 - No DAW					
CO	nereby certify that the above mmercially available in the d contemporary technolog	is formulation o	medication or dosage fo	n wa	s ordered by the sta The compounding	ated prescriber specifically g was done using the highes	for the sta st possible	ated patie e standare	nt. This ds, pure	s medi chemi	cation is not cals or drugs
	cause this prescription is umber is not required for			anu	factured, an NDC	X					X 1/12/2015
If y	you have difficulty in subm mager, or the State Insura	nitting this form nce Commission	or receivir ner:	ng p	ayment from your i	Pharmacist Signature nsurance company, please	contact us	s, your en	nployer	Date benefi	: its

Ph	narmacy Information				narmacist's Name			Date	
W	Villow Pharmacy Inc.			(CAMPO, VINCEN	Γ		5/3	30/2014
1.	519 HWY 22 W				harmacist's License #		NCPDP#		NPI
	Madisonville Center Suite 5				.3723		1936523		1649520859
M	Iadisonville, LA 70447		Phone	and the second s	harmacist's Signature				State ID #
Na	ame		877-558-7		*		Iza		006595
	OWLING, EMMA		(423)4	124-9653	ame		Teleph	none	
	ldress 810 DUNCAN AVE			A	ddress				
Cit	y HATTANOOGA		State TN	^{Zip} 37421	ity		Stat	te	Zip
	thdate sex F		Social Security/Subs	scriber I.D. No. B	rthdate	Sex	Socia	al Security	y/Subscriber I.D. No.
Pat	tient's Relationship to Cardholder			E	mployer		Emplo	oyer ID	
				G	roup No.		Plan	No.	
I re	Patient Authorization hereby authorize release of information are/services rendered.	rmation to h	nealth care pro e reported with	widers, institutions, h regard to my insur	and/or payers that may pe ance coverage is correct,	ertain to m and I have	y illness and/ received the	or trea	atment nacist
					X				X
					Patient Signature				Date
ir	nsurer to make payment directly overage or refusal to accept assi	to Pharmac	cy or its assign	s. I understand that	behalf any assignment of any amounts not paid by	of benefits insurer be	cause of ded	uctible	clauses, lack of
ir	nsurer to make payment directly	to Pharmac	cy or its assign	s. I understand that	behalf any assignment of any amounts not paid by X Patient Signature	of benefits insurer be	cause of ded	uctible	X Date
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